



**MEDICAL BOARD OF CALIFORNIA
BOARD OF PODIATRIC MEDICINE**
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www.dca.ca.gov/bpm

MEMORANDUM OF UNDERSTANDING FOR APPROVED RESIDENCY PROGRAM PARTICIPATION

I, _____, have accepted a residency with _____. I am fully aware that the residency program is an approved program with the Council on Podiatric Medical Education, thereby meeting the postgraduate training requirements for licensure in California.

I am further aware that after completing and filing a licensure application, I will be issued a resident's license by the Board of Podiatric Medicine for practice only in the above-designated residency program. Should I leave the program at any time prior to the expiration date of the resident's license, I will upon that date of departure surrender my resident's license to the Board of Podiatric Medicine. I am entering this program with the full knowledge that if I should not satisfactorily complete the program, no time spent in the postgraduate training program will be credited towards the California licensure requirement.

I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above information.

_____/_____/20____.
Signature of Applicant Print Name Date

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